No. <b>L 6369</b>		Annual Report Form  1. Mailing Address: Correct in this box if needed.  SUMMERS FAMILY LLLP ROBERT SUMMERS 5437 S. BEGONIA PL.		2. Registered	2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080				F437.6 PE	ROBERT SUMMERS 5437 S. BEGONIA PL.			
				BOISE 8	the state of the s			
NO FILING FEE IF RECEIVED BY DUE DATE		USA						
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
GENERAL PARTNER GENERAL PARTNER	ROBERT SU SANDI SUMI		5437 S. BEGONIA PL. 5437 S. BEGONIA PL.	BOISE BOISE	ID ID	USA USA	83716 83716	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: Sandi Summers		[	Date: 03/12/2015			
L 6369		Name (type or print): Sandi Summers		٦	Title: General Partner			
Processed 03/12/2015 * Electronically provided signatures are accepted as original signatures.								